

FORM MUST BE TYPED  
 STATE CORPORATION COMMISSION OF KANSAS  
 OIL & GAS CONSERVATION DIVISION  
 WELL COMPLETION FORM  
 ACO-1 WELL HISTORY  
 DESCRIPTION OF WELL AND LEASE

SIDE ONE

**COPY**

**CONFIDENTIAL**

API NO. 15-189-21636-00-00  
 County STEVENS  
 - N/2 - N/2 - NE Sec 5 Twp 34 Rge 38 XX <sup>E</sup> W

OPERATOR: License # 5363

Name: BEREXCO INC

Address 970 FOURTH FINANCIAL CENTER

City/State/Zip WICHITA, KS 67202

Purchaser: \_\_\_\_\_

Operator Contact Person: EVAN C. MAYHEW

Phone (316) 265-3311

Contractor: BEREDCO INC

License: 5147

Wellsite Geologist: Charles Spradlin

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  SIOW  Temp. Abd.  
 Gas  EHHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry, oil well info as follows:

Operator: \_\_\_\_\_ **KCC**

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth JUN 23

Deepening  Re-Perf  Conv. to Inj/SWD  PBTB  
 Plug Back \_\_\_\_\_  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

05/13/94 05/29/94 sold to Mobil  
 Spud Date Date Reached TD Completion Date

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas, 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-2-130, 82-3-106 and 82-3-107 apply. Information on this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged well. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Evan C May

Title DIVISION ENGINEER Date 6/9/94

Subscribed and sworn to before me this 9th day of June 1994.

Notary Public Dalana White

Date Commission Expires JUNE 15, 1997

330 Feet from S(N) (circle one) Line of Section

1320 Feet from E(W) (circle one) Line of Section

Footages Calculated from Nearest Outside section Corner:  
 NE SE, NW, or SW (circle one)

Lease Name VIRGINIA CAREY Well # 1-5

Field Name \_\_\_\_\_

Producing Formation None Yet

Elevation: Ground: 3221 KB: 3233

Total Depth ~~2985~~ 6615' <sup>KCC</sup> <sub>PBTB</sub>

Amount of Surface Pipe Set and Cemented at 1760 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

Feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx. cmt.

Drilling Fluid Management Plan ALT 1 11-2-94  
 (Date must be collected from the Reserve Pt)

Chloride Content 1200 ppm Fluid Volume 8900 bbls

Dewatering method used EVAPORATION

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_

Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rge \_\_\_\_\_ E/W \_\_\_\_\_

County \_\_\_\_\_ Docket No. \_\_\_\_\_

**CONFIDENTIAL**  
 RECEIVED  
 STATE CORPORATION COMMISSION  
 JUN 9 1994

| K.C.C. OFFICE USE ONLY                  |                                     |  |
|---|-------------------------------------|--|
| F                                       | <input checked="" type="checkbox"/> | Letter of Confidentiality Attached       |
| C                                       | <input checked="" type="checkbox"/> | Wireline Log Received                    |
| C                                       | <input checked="" type="checkbox"/> | Geologist Report Received                |
| <input checked="" type="checkbox"/> KCC | <input type="checkbox"/> SWD/Rep    | <input type="checkbox"/> NGPA            |
| <input type="checkbox"/> KGS            | <input type="checkbox"/> Plug       | <input type="checkbox"/> Other (Specify) |

Form ACO-1 (7-91)

